

PERS - Person Search

```
CAFSPERS                PERSON SEARCH                06/20/2006   11:39
USER ID : CS4566
CAPS ID : 00002084    25    NAME: FURST, EVE

                        LAST NAME : washington
                        FIRST NAME : geo
                        MIDDLE NAME :                PHONETIC SEARCH : N

                        SSN :

                        DATE OF BIRTH :

                        RESIDENCE COUNTY :

                        SEX :

                        CAPS ID :

                                                                PATH:
```

- Use this screen to lookup or find out if a person is known to CAPS
 - Enter search criteria, press ENTER
 - PERL (Person List) will display a list of all persons known to CAPS, beginning with the person on the list directly above those that match the search criteria, or a message will display indicating that no matches were found
- Search criteria is one of the following:
 - Name, SSN, Date of Birth, Residence County, Sex or CAPS ID
 - The search can be more defined by entering in any combination of items
 - Example: Last name and DOB
 - As little as one letter may be entered to generate a search
- Phonetic search indicator defaults to “N”, you may change it to “Y” to search phonetically, otherwise an alphabetic search is done instead
- If the search criteria entered is the CAPS ID or SSN only an exact match will be displayed if a match exists

PERL - Person List

```
CAFSPerl                      PERSON LIST                      06/20/2006   11:40
USER ID : CS4566                                     PAGE NO:   1
CAPS ID : 00002084   25   NAME: FURST, EVE

TO SELECT, ENTER S=SELECT, I=INQUIRE OR M=MODIFY

SEL CAPS ID   NAME                DOB      AGE SEX   SSN      CNTY  CAN
- 00002088 WASHINGTON, CAIN          12/12/1996   9  M  517-05-2345  25  /P C A
- 00002086 WASHINGTON, GEORGE        09/19/1943  62  M  001-01-0001  25  Y
- 00002086 WASHINGTON, JOE          09/19/1943  62  M  001-01-0001  25  Y
- 00002087 WASHINGTON, MARTHA      06/01/1965  41  F  002-02-0002
- 00002097 WHITE, JACKIE          08/08/1963  42  F  343-87-4447  25
- 00002099 WHITE, JAMIE          06/28/1981  24  F  884-77-3375  25
- 00002098 WHITE, JOHN           12/26/1965  40  M  454-45-8998  25
- 00002062 WINDORSKY, JAMES                        P
- 00011642 WINDORSKY, LINDA        06/11/1955  51  F  516-70-5567  P

PATH: █
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- Displays information for persons that met the search criteria entered on PERS
- The select functions are listed at the top of the screen under the CAPS ID and NAME
- To add a new person to the database, press F11
 - The PERD (Person Detail) screen will be displayed in ADD mode
- To change any detailed information for the person, type “M” in the SEL field next to the person for whom you want to modify information
 - The PERD screen will be displayed
- If a person is selected with an “I”, PERD will be displayed in INQUIRE only - no changes may be made at this time
- “S” (select) can only be used if an F12 lookup is being done from CAPS ID field on another screen. This will “select” the person and carry their information over to the screen the worker came from
- F2 will return you back to PERS (Person Search)

PERD - Person Detail

```
CAFSPERD                PERSON DETAIL                02/09/2012    9:44
USER ID : CS4566        MODIFY
CAPS ID : 00002107      25      NAME: ABBOTT, DAWNNA

LAST NAME   : ABBOTT                ASSIGNED WORKER INFORMATION
FIRST NAME  : DAWNNA                WORKER ID: C7TR15    RGN: 4    CNTY: 025
MIDDLE NAME :                     CAN: N      NAME: FIFTEEN, TRAINEE
SUFFIX      :                     P SSN VERIF:    PHONE NO: 406      EXT:
SEL P/S-- SSN ---- SEL P/S-- SSN ---- SECONDARY:
_ P 158-80-9686 _

DRIVERS LICENSE ST: MT  NUMBER: MT08101998      ----- ADDRESS -----
BIRTH DT : 08/10/1998 VERIF:    AGE: 13 LINE1 : 202 N RODNEY ST
PLACE :                               LINE2 :
DATE DECEASED :                      CITY : HELENA
SEX CODE   : F    FEMALE              STATE : MT  ZIP CODE : 59601 - 4227
ETHNICITY  : CA                      COUNTY: 25  LEWIS & CLARK
HSPNC ORGN : N  IDENTITY VERIF:    TELEPHONE :
MARITAL STATUS: NM  DATE:

----- EMPLOYMENT -----
NAME :                               STATUS :
PHONE:                               START DATE:
OCC:                                END DATE:
SHFT+F10=CLRSSN

PATH: █
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- The Person Detail screen is used to enter or display general information about persons in the system
 - This information is available to all workers
- If the ADD function (F11) was indicated on PERL, CAPS will assign the CAPS Identification number when you press ENTER to update the screen
- For SSN's indicate on the select field A (ADD), M(MODIFY), D(DELETE) and whether it is a P(Primary) or S(Secondary)
- ASSIGNED WORKER INFORMATION will be displayed once the person has been assigned to a worker on AXED (Assignment/Transfers Detail)
- RESIDENT ADDRESS information will be displayed once the ADDD screen is completed
- EMPLOYMENT information will be displayed once the EMPL screen is completed
- Last Name and First Name are the only fields required in order to create a CAPS ID

- Verifications for SSN, Date of Birth are received through an interface with the CHIMES system. Verifications for Identity are received through an interface with CHIMES or entered by IVE unit staff
- Up to six (6) ethnicity codes can be entered in the ETHNICITY field. When the worker presses F12 (code table lookup), six codes can be selected at one time. “ABANDONED AT BIRTH”, “DECLINED”, “PARENT(S) INCAPACITATED” and DECLINED are options.
- Enterable values for HISPANIC ORIGIN field are “Y”, “N” “D” or “U”. Guidelines for this field are as follows:
 - 1) Answer “YES” if the person is a Mexican, Puerto Rican, Central or South American person or person of other Spanish origin, regardless of race.
 - 2) The “U” means UNABLE TO DETERMINE and should be used rarely - only if the child is very young or is severely disabled and no person is available to determine whether or not the child is of Hispanic origin.
 - 3) The “D” means DECLINED and should be used if the person/client declines to provide this information.

PROS - Provider Search

```
CAFSPROS                PROVIDER SEARCH                08/31/2011    10:16
USER ID : CS4566
PROV NO : 0007001  001    PROV NAME: YOUTH HOMES
                           FACIL NAME: SUSAN TALBOT HOME FOR BOYS & G

PLEASE ENTER ALL OR A PORTION OF THE PROVIDER'S NAME

PROVIDER NAME : reynolds
OR
PROVIDER NUMBER :
OR
FEDERAL TAX ID NUMBER :

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- This screen provides a means for locating providers who have been entered into the system
 - This includes Day care, Foster families, adoptive families and agencies and facilities
- You can search for a specific provider by entering one of the following criteria
 - PROVIDER NUMBER
 - FACILITY NUMBER
 - First two or three characters of the providers LAST NAME
 - Federal Tax ID Number
- The more search criteria that you have the more limited your search will be
- The system will take you to PROL (Provider List) screen after performing a search
- Be thorough in your search in order to avoid entering duplicate providers into the system

PROL - Provider List

```
CAFSPROL                      PROVIDER LIST                      06/13/2011    9:48
USER ID : CS4566                      PAGE NO:    2
PROV NO : 0000000 000    PROV NAME:

DISPLAY A=ACTIVE OR B=BOTH(ACTIVE AND INACTIVE LICENSES: B
TO SELECT, ENTER S=SELECT, I=INQUIRE OR M=MODIFY
SEL PROV-NO LOC    PROVIDER NAME                                TYP COUNTY
- 0007001 004 MISSOULA YOUTH HOMES INC.                        X 032 MISSOULA
- 0007001 005 MISSOULA YOUTH HOMES INC.                        X 032 MISSOULA
- 0007001 006 MISSOULA YOUTH HOMES, INC                        X 032 MISSOULA
- 0001028 001 MMM                                              A 025 LEWIS & CLARK
- 0001116 001 MONTANA HOME                                    F 025 LEWIS & CLARK
- 0001117 001 MONTANA HOME                                    F 025 LEWIS & CLARK
- 0001039 001 MORRIS                                          A
- 0001039 001 MORRIS MARY                                    F
- 0001116 001 MT HOME                                        A 025 LEWIS & CLARK
- 0001117 001 MT HOME                                        A 025 LEWIS & CLARK
- 0007001 003 MYH FRANCETICH GROUP HOME                        F 032 MISSOULA
- 0007001 009 MYH FRANCETICH GROUP HOME II                    X 032 MISSOULA
- 0007001 009 MYH FRANCETICH YOUTH GROUP HOME II              F 032 MISSOULA
- 0007001 008 MYH RADTKE TREATMENT CENTER                      F 032 MISSOULA
- 0007001 005 MYH SHIRLEY MILLER ATTENTION HOME                F 032 MISSOULA

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```

- This screen will display all matches to the search criteria chosen on PROS (Provider Search)
- You can SELECT, INQUIRE or MODIFY an individual provider on this screen
- You may select a provider and use the fast PATH to access further information
- You may choose to select providers who only have active licenses, or providers with both active and inactive licenses
- To add a provider after a provider search has been completed, press F11
 - PROE (Provider Entry) will be displayed

PROD - Provider Detail

```
CAFSPROD          PROVIDER DETAIL          04/05/2007    10:05
USER ID : CS4566   MODIFY
PROV NO : 0007001  000          PROV NAME: YOUTH HOMES INC.

AGENCY/PROVIDER NAME : YOUTH HOMES INC.
      ABRV NAME : YHI          CPIS PROVIDER      : P
FISCAL AUDIT DATE   :          CPIS NOTIFY       : N
TERMINATION DATE    :          PROVIDER COUNTY    : 032  MISSOUL
TERMINATION REASON  :          ORIGINAL DATE EO/AA : 10/01/1990
                                   EO/AA DESK AUDIT  :

CPIS EMAIL :
WARRANT ADDRESS
NAME       : YOUTH HOMES INC.
LINE 1     : PO BOX 7616
LINE 2     :
CITY/STATE : MISSOULA          MT
ZIP        : 59807 - 7616     COUNTY: 32
FOREIGN ADDR:
COUNTRY    :
CANDN PROUNC:
TELEPHONE  : 406 721-2704
START DATE : 06/30/1983      END DATE: 99/99/9999

PATH:
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- This screen is used to record/maintain detailed provider information
- PROVIDER COUNTY is required
- If you are adding a NLC (Non Licensed/Contracted Provider, selection 4 from PROE) the address will be required
- The ADDRESS will be verified by Finalist, which is the post office address verification system
- A signed, original copy of the provider's W9 form should be sent in to Central Office/Fiscal as soon as possible for compliance with federal requirements

FACD - Facility Detail

```
CAFSFACD                                FACILITY DETAIL                                10/07/2011    15:02
USER ID : CS4566    MODIFY
PROV NO : 0007113    001    PROV NAME: NELSEN WAYNE AND JOYCE
CCUBS PROV NO :
FACILITY NAME : NELSEN WAYNE AND JOYCE
    ABRV NAME : NELSEN                                CPIS PROVIDER: N
WARRANT NAME :                                CPIS NOTIFY : N
CONTACT ID/NAME : 00002041    NELSEN, JOYCE
DIRECTOR ID/NAME : 00002042    NELSEN, WAYNE
MEDICAID NUMBER :                                ASSIGNED WORKER INFORMATION
PROVIDER COUNTY : 025                                WORKER ID: C84142    RGN: 4 CNTY: 025
    LOCKED/UNLOCKED : U                                NAME: HOLLING, PAULA
TERMINATION DATE :                                PHONE NO: 406 442-6550
REASON:                                SCNDRY:
CPIS EMAIL:
    -----NATIVE AMERICAN FOSTER FAMILY INFORMATION-----
FOSTER MOTHER/ID: 00002041    NELSEN, JOYCE
AFFILIATION: SP    SPOKANE                                MEMBERSHIP STS: MV    MEMBERSHIP VERIFIED
:
FOSTER FATHER/ID: 00002042    NELSEN, WAYNE
AFFILIATION: YA    YAKIMA                                MEMBERSHIP STS: MV    MEMBERSHIP VERIFIED
:
PATH: 
```

- This screen is used to add or modify information about a specific facility operated by a provider
 - A signed, original copy of the provider's W9 form should be sent in to Central Office/Fiscal as soon as possible for compliance with federal requirements
- The WORKER ID field is not an enterable field
 - The system will default in the C# of the worker updating the screen. If this is not who the assigned worker should be, once the screen has been updated the facility will need to be transferred to the appropriate worker using the AXED (Assignments/Transfers Detail) screen.
- The DIRECTOR ID/NAME must be entered, this is a person with a CAPS ID
- The CCUBS PROV NO is populated either by:
 - An automatic interface with CCUBS for "daycare only" facilities
 - A resolution made by the CAPS licensing worker for "dually licensed" facilities
- Native American Foster Family information should be entered, if applicable, for the provider

AKAD - Person Name AKA Detail

```
CAFSAKAD          PERSON NAME AKA DETAIL          07/06/2006   14:45
USER ID : CS4566   MODIFY                          PAGE NO :    1
CAPS ID : 00001302  25    NAME : HARRIS, MONIQUE
                   ----- LAST ----- -- FIRST --- -- MIDDLE --  SUFFIX
DECLARED PERSON NAME : HARRIS                      MONIQUE
MAIDEN NAME          : KOCH
LEGAL NAME           :

    OPTIONS - _  CHANGE DECLARED PERSON NAME(DPN) & MOVE OLD DPN TO AKA
                _  CHANGE SPELLING OF LEGAL NAME
                _  CHANGE LEGAL NAME & MOVE OLD LEGAL NAME TO AKA

TO SELECT, ENTER A=ADD, D=DELETE, M=MODIFY
SEL ----- LAST ----- -- FIRST --- -- MIDDLE --  SUFFIX  MIND  COMMENTS
_  WERNER                      MONIQUE                      Y
_
_
_

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```

- This screen is used to ADD and MODIFY person name information
- Each person has a DECLARED PERSON NAME - the first one entered on CAPS
- Select which action you wish to perform from the OPTIONS list
- Additional AKA names can be added to the bottom of the screen
- Only the designated regional “AKA” supertask workers have the authority to DELETE or MODIFY an AKA name at the bottom of the screen
- Any name that is displayed on AKAD can be located through the PERS (Person Search) process
- CCUBS NAME will only be displayed for names that were selected by a CAPS licensing worker through the resolution process. They are additional names known to the CCUBS (Child Care Under the Big Sky) system.

PAKD - Provider AKA Detail

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CAFSKAKD PROVIDER/FACILITY AKA DETAIL 06/20/2006 14:34
USER ID : C84142 PAGE NO: 1
PROV NO : 0007109 001 PROV NAME: MAHONEY SEAN AND SUSANNE
FACIL NAME: MAHONEY SEAN AND SUSANNE
----- PRIMARY NAMES -----
TO SELECT, ENTER A=ADD, M=MODIFY
SEL PRIMARY NAMES
FACILITY: MAHONEY SEAN AND SUSANNE
ABBREVIATED: MAHONEY SUSANNE
WARRANT: SEAN OR SUSANNE MAHONEY
----- ADDITIONAL AKA NAMES -----
TO SELECT, ENTER A=ADD, D=DELETE
SEL ADDITIONAL NAMES CCUBS NAME (Y/N)
REYNOLDS SUSANNE N

```

- This screen is used to modify Provider/Facility names and to add additional AKA's
- To modify a Provider name, the PROV NO is entered followed by three **000's**
- To modify a Facility name, the PROV NO is entered followed by the three digit indicator (001, 002, 003 etc...)
- M (modify) must be indicated on the select line and the new name entered
 - Once ENTER is pressed, the system will ask that you confirm this change
 - The old name will now become an AKA for that provider
- Additional Provider AKA's can be added and/or deleted at the bottom of the screen
- F7/F8 can be used to view additional pages of Provider AKA's
- The CCUBS NAME (Y/N) shows if this is a provider name that is known to the CCUBS system

RRRL – Report/Request List

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CAFSRRRL                REPORT/REQUEST LIST                06/20/2006   11:41
USER ID : CS4566                PAGE NO: 1

TO SELECT, ENTER I=INQUIRE, M=MODIFY, V=INQUIRE(CID1), OR C=MODIFY(CID1)

R/R NO:          CAPS ID:          PROV:          000  WORKER ID:
START FROM:      CO:              R/R CAT:        R/R STAT:

SEL  RPT NO  DATE  R/R  CAT  STS  REPORT NAME  DETERMIN  WORKER
      0001028 12/09/2004 CPS  O  ABBOTT BILLY  END DATE  ASSGND
-      0001014 12/09/2004 CPS  O  BACON BILLY  C7TR15
-      0001015 12/09/2004 CPS  O  COLBERT BILLY C7TR16
-      0001016 12/09/2004 CPS  O  DRYNAN BILLY C7TR17
-      0001017 12/09/2004 CPS  O  ENHELTER BILLY C7TR18
-      0001018 12/09/2004 CPS  O  FISCHER BILLY C7TR19
-      0001019 12/09/2004 CPS  O  GAFFNEY BILLY C7TR20
-      0001020 12/09/2004 CPS  O  HALMONT BILLY C7TR21
-      0001021 12/09/2004 CPS  O  KNUTSON BILLY C7TR22
-      0001022 12/09/2004 CPS  O  LANGE BILLY C7TR23
-      0001023 12/09/2004 CPS  O  MYER BILLY C7TR24
-      0001024 12/09/2004 CPS  O  PRICE BILLY C7TR25
-                                     C7TR26

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```

- This screen displays all of the Report/Request events in order by:
 - Date received
 - Most recent report on that date (if more than one referral on a specific date)
- The worker can INQUIRE/MODIFY (RRD1), or VIEW/CHANGE (CID1) up to fifty (50) referrals at one time. When the worker presses ENTER, RRD1 or CID1 will be displayed for the first referral. To page through the referrals selected, press F8 (forward) or F7 (backward).
 - NOTE: Workers cannot mix I/M select codes with V/C select codes
- Place the cursor under the WORKER ASSGND field and press F12 – the identifying information for that worker will be displayed.
- Available search criteria is R/R number, CAPS ID, PROVIDER ID, WORKER ID, Start From Date, County, Category and Status

RBCL – Report Background Check List

```
CMFSRBCL          REPORT BACKGROUND CHECK LIST          10/18/2011    9:47
USER ID: C74142CI                                PAGE NO:    1

CAPS ID: 00002193  SHANNON STALLINGS
TO SELECT, ENTER I=INQUIRE

SEL  RPT NO  DATE      R/R      CAT STS  REPORT NAME      DETERMIN  WORKER
      0001073 12/01/2010  CPS  O   STALLINGS KATE  END DATE  ASSGND
-      0001074 06/01/2010  CPS  C   REYNOLDS MARY    06/25/2010 C7TR15

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- This screen displays all of the reports that contain the entered CAPS ID and a substantiated allegation.
 - The substantiation does not necessarily have to be on.
- You can inquire on up to fifty (50) referrals at one time. When you press ENTER, RRD1 will be displayed for the first referral. Press F8 (forward) or F7 (backward) to page through referrals. Go to RRD2 for each referral to view the substantiation information.
- Reports will appear on the list if there are any of the following determinations on the report:
 - AJP – Adjudicated Pending – YINC Pending
 - CCP – Criminal Charges Pending
 - FHR – Fair Hearing Requested
 - IND – Maltreatment by Person Not Legally Responsible for Child
 - LGP – Pending per Legal Agreement/Settlement (See CPS Program Officer)
 - LVS – Licensing Violation Substantiated
 - SUB – Substantiated Abuse, Neglect or Exploitation
 - SUD – Substantiated/Indicated Child Abuse Resulted in Death
 - SUP – Substantiation Pending

ACTL – Activity List

```
CAFSACTL          ACTIVITY LIST          07/06/2006   14:43
USER ID : CS4566                                     PAGE:   1
CAPS ID : 00001300   25   NAME: HARRIS, MELISSA

TO SELECT, ENTER  I=INQUIRE OR M=MODIFY OR D=DELETE

START FROM:          END FROM:          ACTIVITY TYPE:

SEL   DATE          ACTIVITY TYPES          GOAL CODES          ENTERED BY
-    07/02/2006      VPC VWC VWF VWM          PER WEL            CS4566
-    07/01/2006      COR                                PER                CS4566

PATH: █
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- This screen displays the activities for a specific case or client
 - An activity is a significant contact or communication with a client or about the client that can impact the direction of the case
 - EXAMPLE: parental visits, child interview, worker home visits, phone calls
- Worker may select a specific activity to INQUIRE, MODIFY, or initiate the procedure to ADD a new activity by pressing F11
- The START FROM and END FROM fields can be used to view all activities that took place during a specific time period
- Enter an ACTIVITY TYPE(s) to view specific types of activities
- Activity details become protected seven (7) days after they are entered on the Activity Detail (ACTD) screen. If information needs to be modified or removed after seven (7) days, a supervisor must be notified.

ACTD – Activity Detail

```
CAFSACTD          ACTIVITY DETAIL          05/11/2011    14:04
USER ID : CS4566   MODIFY          ACTIVITY:    1
CAPS ID : 00002096    00   NAME: ANDREASEN, JESSICA

DATE OF ACTIVITY:  05/09/2011    ACTIVITY TYPE: COR
ENTERED BY       :  CS4566        PURPOSE(S)   : DPT
                                   GOAL(S)       : PER

SUMMARY:  UNDER SECTION 5.11 OF THE CHILD AND ADULT PROTECTIVE SERVICES (CAPS)
          PROJECT REQUEST FOR PROPOSAL, NORTHROP GRUMMAN IS REQUIRED TO CONDUCT AND
          DELIVER AN ANNUAL TRAINING NEEDS SURVEY AND ASSESSMENT.  IN COMPLIANCE WITH
          THIS REQUIREMENT, NORTHROP GRUMMAN HAS COMPILED THIS DOCUMENT, WHICH EVALUATES
          PAST TRAINING ACCOMPLISHMENTS AND METHODS, THE CURRENT NEEDS OF SYSTEM USERS,
          AND ANY KNOWN FUTURE CONDITIONS THAT MAY IMPACT THE USERS AND THE SYSTEM
          TRAINING THEY RECEIVE.  ALSO DISCUSSED ARE NEW POSSIBILITIES AND SUGGESTIONS
          FOR TRAINING IN THE NEXT YEAR AND NORTHROP GRUMMAN'S RECOMMENDATIONS ON HOW
          BEST TO MEET THESE TRAINING NEEDS.  THIS YEARLY TRAINING NEEDS ASSESSMENT IS
          AN INVALUABLE TOOL THAT CAN BE USED TO MAINTAIN A RELEVANT, EFFECTIVE TRAINING
          PROGRAM FOR ALL CAPS AND OPM (OPERATION PROTECT MONTANA) USERS.

SHIFT+F2=ACT2

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- This screen is used to record and display the date of activity and the type, purpose and goal of the activity
- The Entered By field will default to the C# of the worker that is entering the activity and cannot be changed
- Up to five (5) activity codes, four (4) purpose codes and three (3) goal codes can be entered on an individual detail
- Use the summary area to summarize the activity details. If documentation concerning the activity is located elsewhere, note that in the summary
- Press F10 to display the RELL screen and copy activity details to other clients
- Press SHIFT + F2 to access the Activity Detail 2 (ACT2) screen where additional comments may be entered

ACT2 – Activity Detail 2

CAFSACT2	ACTIVITY DETAIL 2	05/11/2011	14:06
USER ID : CS4566	MODIFY	PAGE NO: 1	MORE
CAPS ID : 00002096	00	NAME: ANDREASEN, JESSICA	
DATE OF ACTIVITY: 05/09/2011	ACTIVITY TYPE: COR		
ENTERED BY : CS4566	PURPOSE(S) : DPT		
	GOAL(S) : PER		
<p>SUMMARY: NEW EMPLOYEE TRAINING IS CURRENTLY DIVIDED INTO FIVE SEPARATE MODULES: CPS SPECIALIST (INTAKE AND INTERVENTION), PROVIDER LICENSING, JUVENILE PROBATION AND PAROLE, CENTRALIZED INTAKE, AND TRANSITIONAL LIVING SPECIALIST. SUBSECTIONS 2.1 THROUGH 2.5 DETAIL THE SPECIFICS OF EACH NEW EMPLOYEE TRAINING MODULE. APPENDICES C, D, E, F AND G DETAIL THE CURRENT COURSE AGENDAS FOR EACH MODULE. NEW EMPLOYEE TRAINING CONSISTS OF LECTURES, POWERPOINT PRESENTATIONS, LIVE SYSTEM DEMONSTRATIONS AND HANDS-ON EXERCISES. ALL TRAINEES ARE EXPECTED TO REVIEW A PRE-TRAINING GUIDE THAT IS DISTRIBUTED NO LATER THAN TWO WEEKS PRIOR TO THEIR SCHEDULED TRAINING SESSION. THIS PRE-TRAINING GUIDE CONTAINS BASIC CONCEPTS USED THROUGHOUT THE CAPS SYSTEM AND IS INTENDED ONLY AS AN INTRODUCTION TO CAPS, HELPING WORKERS TO GAIN AN UNDERSTANDING OF THE FUNCTIONAL FOUNDATION ON WHICH THE CAPS SYSTEM IS BUILT. APPENDIX H CONTAINS THE PRE-TRAINING GUIDE THAT TRAINEES RECEIVED DURING THE 2010 TRAINING YEAR AND WILL CONTINUE TO RECEIVE DURING THE 2011 TRAINING YEAR.</p>			
PATH:			

- This screen is used to continue comments that were initiated on the Activity Detail (ACTD) screen
- Date of Activity, Activity Type, Purpose(s), and Goal(s) can only be modified, or added to, on the ACTD screen
- Multiple pages of ACT2 can be entered by pressing F11 to add.